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## BIB DATA SHEET

CONFIRMATION NO. 2408

| SERIAL NUMBER | FILING or 371(c)<br>DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET<br>NO. |
|---------------|--------------------------|-------|----------------|------------------------|
| 10/623,279    | 07/18/2003<br>RULE       | 600   | 3767           | 0090096                |

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**\*\* CONTINUING DATA \*\*\*\*\*****\*\* FOREIGN APPLICATIONS \*\*\*\*\***

GERMANY 192 33 953.0-35 07/19/2002  
 GERMANY 102 33 053.0-35 07/19/2002

**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*\* SMALL ENTITY \*\***  
 11/17/2003

| Foreign Priority claimed                               | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Met after Allowance | STATE OR COUNTRY | SHEETS DRAWINGS | TOTAL CLAIMS | INDEPENDENT CLAIMS |
|--|---|---------------------|------------------|-----------------|--------------|--------------------|
| 35 USC 119(a-d) conditions met                         | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                     | GERMANY          | 2               | 23           | 3                  |
| Verified and<br>Acknowledged<br>[Examiner's Signature] | [CATHERINE WITCZAK/<br>Initials]                                    |                     |                  |                 |              |                    |

**ADDRESS**

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**TITLE**

DEVICE FOR RINSING A BODY CAVITY

|                            |   |  |
|----------------------------|---|--|
| FILING FEE RECEIVED<br>777 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                            |
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